

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <u>8160</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Charles</u> <u>Byrnes</u> P.O. Box, Bldg., Room No., if any _____ Street <u>625 Stanwix Street, Suite 1804</u> City <u>Pittsburgh</u> State <u>PA</u> ZIP Code + 4 <u>15222</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 926</u> Labor Organization File Number <u>019-807</u> P.O. Box, Building and Room Number, if any _____ Street <u>625 Stanwix Street, Suite 1804</u> City <u>Pittsburgh</u> State <u>PA</u> ZIP Code + 4 <u>15222</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8.19.05
Date

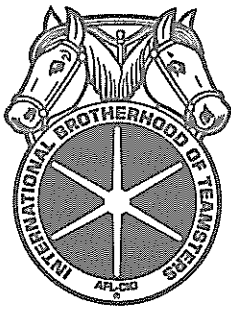
(412) 281 4633
Telephone Number

Name of Person Filing Charles Byrnes	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p>_____ a. Labor Organization</p> <p>_____ b. Trust</p> <p>_____ c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; margin: 5px 0;"></div> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; margin: 5px 0;"></div> <p>12.b. Amount. </p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Jubelirer, Pass & Intrieri, P.C.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>219 Fort Pitt Boulevard</u></p> <p>City <u>Pittsburgh</u></p> <p>State <u>PA</u> ZIP Code + 4 <u>15222</u></p>	<p>14.a. Nature of payment.</p> <p style="margin-top: 20px;">Christmas gift of food and beverage valued at \$75.00 from law firm who represents Teamsters Local 926.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$75.00</p>



Automotive Chauffeurs, Parts, Garage and Airline Employees LOCAL UNION NO. 926

Affiliated with the International Brotherhood of Teamsters and the Joint Council of Teamsters No. 40

625 STANWIX STREET • SUITE 1804 STANWIX TOWERS • PITTSBURGH, PENNSYLVANIA 15222
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ROBERT SHOUP
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MARC R. DREVES
Recording Secretary
Business Representative



CHARLES M. BYRNES
Secretary Treasurer
Principal Officer

Trustees
LEONARD KULWICKI
ROBERT FRANK
GWEN HELMS

FRANK M. FINK
PAUL "DINO" TAORMINA
Business Representative

August 15, 2005

US Department of Labor
ESA/OLMS, Room N-5616
200 Constitution Avenue N.W.
Washington, D.C. 20210

Dear Sirs:

Enclosed please find the LM-30 filing for Charles M. Byrnes containing three (3) schedules,
1) Western Pennsylvania Teamsters Health and Welfare Fund, 2) Jubelirer, Pass & Intrieri and
3) Prudential Financial.

Please feel free to contact this office if there are any questions.

Sincerely,

Gayle McKernan
Office Manager

OVERNIGHT MAIL
EV619441845US